CURRENT ART, which is the mainstay of antiretroviral therapy (ART) for the treatment of human immunodeficiency virus (HIV-1)-infected patients, has the objective to control viral load while simplifying drugs' administrations. However, Directly Acting Antivirals (DAAs) or integrase inhibitors (PIs) do not completely spare patients regarding satisfaction in their regimen and actual symptoms. To do so, Patient Reported Outcomes (PROs) are used.

INTRODUCTION

Current antiretroviral therapy (ART) for the treatment of human immunodeficiency virus (HIV-1)-infected patients has the objective to control viral load while simplifying drugs' administrations. However, Directly Acting Antivirals (DAAs) or integrase inhibitors (PIs) do not completely spare patients regarding satisfaction in their regimen and actual symptoms. To do so, Patient Reported Outcomes (PROs) are used.

STUDY DESIGN

"ST.O.RE." was an Italian prospective, multicenter non-interventional, cohort study carried out on HIV-1-infected, adult out-patients, being in stable ritonavir-boosted ARV-treatment with PIs (either darunavir 800mg q.d.-based or other PIs) since at least 12 months and virologically suppressed (HIV-RNA<50 copies/ml) and at least 6 months. Patients were offered to enter this study once their treating physician had considered them eligible to be administrable DRV/c-based treatment, as per: "Summary of Product Characteristics. About 25 Infectious Diseases centers throughout 348 patients were enrolled in this study, 31% were females. In total, 250 patients (174 males and 76 females) provided both HIV-TSQ and HIV-SDM questionnaires at pre-specified timepoints: 12 months (V1), 24 months (V2), 36 months (V3) and 48 months (V4). Of them, 200 (80%) came from a DRV/c-based regimen before starting DRV/c; the other 50 (20%) came from other PIs.

METHODS - PATIENT REPORTED OUTCOMES

HIV-TSQ is a 10-item instrument that is supported by evidence of good internal consistency reliability. The total score ranges from 0 to 60 with every single question ranging from 0 to 6, with higher scores indicating greater treatment satisfaction. Two versions are available in order to collect patient status and change. Score change ranges from -30 to +30 with every single question ranging from -3 to +3, with scores >0 indicating a decrease and increase in treatment satisfaction, respectively.

RESULTS

The overall burden of symptoms, as shown by the HIV-SDM scores, decreased from V1 to V4: the mean (SD) was 10.1 (9.8) at baseline, while it was 9.3 (10.4) at V4 (overall). Gender (p=0.0005) and SDM baseline score (p=0.0001) have statistically significant effect on SDM score at V4 (Figure 5).

CONCLUSIONS

The results here reported show that switching from a PI- to a DRV/c-based therapy led to an overall increase of patients' satisfaction and reduction of the burden of symptoms related to previous regimens, thus improving the patients' quality of life.